

Testimony in SUPPORT of HB 5430: “An Act Concerning Opioids”

Dear Members of the Public Health Committee:

My name is Dr. Tanner Bommersbach and I am a physician specializing in psychiatry. I work in a public clinic that specializes in the treatment of individuals with substance use disorders in New Haven.

I stand in support of *H.B. 5430: An Act Concerning Opioids* and offer additional suggestions to improve the bill. I thank members of the committee and strongly support several important provisions in this bill that I believe will save lives across our state, including:

- Legalization of fentanyl test strips
- Enabling mobile methadone distribution
- Eliminating unnecessary requirements for certifying pharmacists who prescribe and dispense naloxone pursuant to a standing order.

In addition, I want to highlight the importance of the data sharing provision in this bill (Section 9) and suggest two additional proposals that I believe need to be included in the bill:

- 1) **Data sharing between state agencies:** In 2020, over 1300 people in our state died of an opioid-related overdose, which is the 10th highest opioid death rate in the US. State agencies (DPH, DMHAS, DCP, DSS, DOC, OCME) currently collect important data relevant to the opioid crisis. However, our current response is limited by a lack of data sharing to drive evidence-based solutions. I support this bill, as currently written, as it would mandate state agencies to collect, link, house, and analyze data to create quarterly metrics that would assess the state of the crisis in CT. Similar data-sharing initiatives have been created in MA, MD, RI, and NC and I would draw your attention to written testimony submitted by Dr. Brendan Saloner from MD and Dr. Jake Morgan from MA, who describe how these data-sharing processes have saved lives in their states. In CT, the limitations of the current data infrastructure do not allow us to answer several important questions to adequately respond to the opioid crisis, including:

What % of individuals with opioid use disorder in CT receive methadone or suboxone?

What % of overdose survivors enter treatment or receive medications after overdose?

What % of individuals who died of overdose received controlled substances (opioids, benzodiazepines) from CT treatment providers prior to their death?

What % of people experiencing non-fatal or fatal overdoses were previously incarcerated in CT DOC or in addiction treatment prior to their death?

What is the number of units of naloxone dispensed in different parts of the state?

- 2) **Inclusion of methadone in the prescription drug monitoring program (PDMP):** This is a critical patient safety issue that needs to be addressed. Without knowing whether my patients are being prescribed methadone from another provider, I may inadvertently prescribe a medication that could interact with methadone and cause harm to the patient. I acknowledge that passing this bill may create additional administrative work for methadone providers and

state agencies but this is a critical patient safety issue that we must not overlook. I would refer you to the written testimony submitted by three mental health providers in our state: Dr. Emma Lo, Dr. Claire Gibson, and Karron Cahoon, APRN, who highlight specific examples of how not including methadone in the PDMP has negatively impacted patient care.

- 3) **Improving opioid-related interagency coordination:** State agencies in Connecticut, including DPH, DMHAS, DOC, DCP, DSS, OCME, are each doing important work to combat the opioid epidemic; however, the state's response could be improved by fostering interagency coordination. A committee, interagency working group, or executive-level position should be created that can oversee and coordinate the state's evidence-based response to the opioid crisis. This group could have representation from public health officials, treatment providers, elected leaders, and individuals/families with lived experience to best coordinate state efforts and oversee the state response. This interagency group could be modeled after the Juvenile Justice Policy and Oversight Committee, for example, which was created by CT in 2015 and has been effective at providing oversight and coordination to the juvenile justice system.

I support H.B. 5430 and also ask that the committee considers adding two important provisions to the bill: 1) Inclusion of methadone in the PDMP and 2) Improving opioid-related interagency coordination.

Sincerely,

Tanner Bommersbach, MD MPH
Resident of Hamden